

**NEW JERSEY DIVISION OF PENSIONS AND BENEFITS**  
**POLICE AND FIREMEN'S RETIREMENT SYSTEM**  
**CERTIFICATION OF SERVICE AND FINAL SALARY — RETIREMENT**

**THIS FORM MUST BE COMPLETED BY EMPLOYING AGENCY — SEE INSTRUCTIONS ON REVERSE SIDE**

1. Name of Member \_\_\_\_\_
2. Membership No. \_\_\_\_\_ 3. Social Security No. \_\_\_\_\_
- 4a. Employing Agency \_\_\_\_\_ 4b. Employer Location Number \_\_\_\_\_
5. Date service terminated \_\_\_\_/\_\_\_\_/\_\_\_\_ *Applicant will not render any service to, or earn salary from this agency after date service terminated.*
6. a) **Is the member currently on suspension?** ☐ NO ☐ YES *If yes, give date of suspension* \_\_\_\_\_  
 Is suspension ☐ PAID or ☐ UNPAID
- b) **Is the applicant facing disciplinary action or indictment?** ☐ NO ☐ YES *If yes, attach copies of the preliminary and final notices of disciplinary action or their equivalents or a copy of the indictment.*
7. List unpaid leaves of one month or more, without pay, within the last 12 working months.

REASON FOR ABSENCE	DATE OF ABSENCE (FROM - TO)	REASON FOR ABSENCE	DATES OF ABSENCE (FROM - TO)
	TO		TO
	TO		TO

8. Base salary subject to pension fund contributions paid for the last full year of service ending on the date of termination (*line 5 above*); please list number of months at the particular salary range and show a total of 12 months.

TOTAL

# \_\_\_\_\_ months @ \$ \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ \$ \_\_\_\_\_

# \_\_\_\_\_ months @ \$ \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ \$ \_\_\_\_\_

# \_\_\_\_\_ months @ \$ \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ \$ \_\_\_\_\_

# \_\_\_\_\_ months @ \$ \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL BASE SALARY PAID FOR LAST YEAR OF SERVICE \$ \_\_\_\_\_**

9. Has the member received a substantial salary increase in the last 3 years? ☐ No ☐ Yes *If yes, please provide a detailed explanation with documentation.*
10. Has there been any retroactive salary paid to the employee within the past three years? If so, please describe below:

AMOUNT OF PAYMENT	DATE OF PAYMENT	COVERING THE DATES (FROM - TO)	PENSION DEDUCTION	NEW ANNUAL BASE
\$		TO	\$	\$
\$		TO	\$	\$
\$		TO	\$	\$

11. The following deductions have been made or will be made from the member's base salary during the final two quarterly periods including the quarter in which service terminated (see QUARTERLY REPORT OF CONTRIBUTIONS).

**State biweekly reporting agencies should attach a screen print of TREADHOC biweekly certification with salaries projected until termination date in lieu of Item 11.**

QUARTER ENDING	BASE SALARY SUBJECT TO CONTRIBUTIONS THIS QUARTER	PENSION CONTRIBUTION	LOAN REPAYMENT	BACK DEDUCTIONS		ARREARS AND/OR PURCHASES	TOTAL PENSION DEDUCTIONS
				NO. PAYMENTS	AMOUNT		
	\$	\$	\$		\$	\$	\$
	\$	\$	\$		\$	\$	\$
	\$	\$	\$		\$	\$	\$

Completed by: \_\_\_\_\_ Phone Number \_\_\_\_\_

By signing this statement I am certifying, under penalty of perjury, to the truthfulness of the information contained herein.

Signature of Certifying Officer \_\_\_\_\_ Date \_\_\_\_\_

DETACH HERE